## FORM D

**PROCESSED** 

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**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

THOMSON REUTERS UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076			
Expires: Mar	ch 31, 2009			
Estimated average burden				
hours per respon	se: 16.00			

OMB APPROVAL

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (☐ check if this is an amendment			
Non-US Equity Managers: Portfolio 4 Offshore		Section 4(6) UL	SEC Mail Processing
Filing Under (Check box(es) that apply):   Ru	ile 504 🔲 Rule 505 🗹 Rule 506 🛭	Section 4(6)	Section
Type of Filing: ☐ New Filing ☑ Amendme		<u> </u>	
	A. BASIC IDENTIFICATION DATA		HAN 4 H ONLO
1. Enter the information requested about the issue	r		
Name of Issuer ( check if this is an amendment	nt and name has changed, and indicate change.)		Washington, DC
Non-US Equity Managers: Portfolio 4 Offshore	L.P.		111
Address of Executive Offices (Nur	nber and Street, City, State, Zip Code)	Telephone Number (includ	ing Area Code)
c/o GSAM (GMS Cayman GP) Ltd., One No	ew York Plaza, New York, New York 10004	(212) 902-1000	
Address of Principal Business Operations (No. 1) (if different from Executive Offices)	umber and Street, City, State, Zip Code)	Telephone Number (Includ	ling Area Code)
Brief Description of Business			100 1911 100 pp pp
To operate as a private investment fund.			
Type of Business Organization		09036	431
corporation	☐ limited partnership, already formed	other (piease speed	•*/
□ business trust	☐ limited partnership, to be formed	Exempted Limited P	artnership
	Month Year	<u> </u>	
Actual or Estimated Date of Incorporation or Orga	nization: 0 6 0 7	☑ Actual ☐ Est	imated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	ion for	
	State: CN for Canada; FN for other foreign jur		ī

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA												
2. Enter the information requested for the following:												
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>												
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>												
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and												
Each general and managing partner of partnership issuers.												
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner												
Full Name (Last name first, if individual)												
GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner)												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Walkers SPV Limited, Walker House, P.O. Box 908GT, Mary Street, George Town, Grand Cayman, Cayman Islands												
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner												
Full Name (Last name first, if individual)												
The Freedom Forum Inc.												
Business or Residence Address (Number and Street, City, State, Zip Code)												
1101 Wilson Boulevard, Arlington, VA 22209												
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner												
Full Name (Last name first, if individual)												
Five Boys Investments ULC												
Business or Residence Address (Number and Street, City, State, Zip Code)												
#2-2108 West 4 <sup>th</sup> Ave., Vancouver, British Columbia V6K 1N6												
Check Box(es) that Apply:												
Full Name (Last name first, if individual)												
Barbetta, Jennifer												
Business or Residence Address (Number and Street, City, State, Zip Code)												
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004												
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's General Partner Managing Partner												
Full Name (Last name first, if individual)												
Clark, Kent												
Business or Residence Address (Number and Street, City, State, Zip Code)												
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004												
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's General Partner Managing Partner												
Full Name (Last name first, if individual)												
Gottlieb, Jason												
Business or Residence Address (Number and Street, City, State, Zip Code)												
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004												
Check Box(es) that Apply:												
Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)												

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								<b>∑</b>				
			,	Answer also	in Append	ix, Column	2, if filing t	under ULOI	∄.			
<ol> <li>What is the minimum investment that will be accepted from any individual? *The General Partner, may accept subscriptions below the minimum, provided no subscriptions shall be less than U.S. \$50,000 (or an amount specified by Cayman Islands Law).</li> </ol>								\$	00,000*			
	•										Yes	No
3. Does	the offering	permit join	t ownership	of a single	unit?	*******************					ゼ	
comm If a pe or stat	the informatission or since to be little, list the received are or dealer,	nilar remun isted is an a name of the	eration for s ssociated po broker or d	solicitation erson or age caler. If me	of purchase ent of a brok ore than five	ers in conne ker or dealer e (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or w	offering. ith a state		
Full Name	e (Last name	first, if inc	lividual)									
Goldman	, Sachs & C	Co.*										
	h the securi r in any jur		sold throu	gh Goldma	ın, Sachs &	Co., no co	mmissions	will be paic	l, directly o	or indirectl	y, for solic	iting any
Business	or Residence	e Address (	Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Ne	w York 100	04								
	Associated E											
	Which Perso 'All States"									*******************	🗹 .	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	tirst, if inc	lividual)									
Business	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	ealer									
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "	'All States"	or check inc	lividual Stat	es)							🗆 A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	(PA) [PR]
	e (Last name			[TX]	[OI]	[ 1]	[VA]	[WA]	[ ** * ]	[ **1]	[44.1]	LI KJ
	`	,	,									
Business	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated B	roker or De	ealer									
	Which Perso All States" (										r	☐ All States
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[MK]	[OR]	[PA]
[RI]	(SC)	(SD)	[TN]	(TX)	נייין ועדן	[VT]	[VA]	[WA]	[WV]	[Wi]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	0	\$	;	0
	Equity (Shares)		0	` \$		0
	☐ Common ☐ Preferred	_				
	Convertible Securities (including warrants)	\$	0	\$	;	0
	Partnership Interests	_	72,160,726	\$	; —	72,160,726
	Other (Specify: )	_	0	\$	; —	0
	Total	_	<u> </u>	\$	; —	72,160,726
	Answer also in Appendix, Column 3, if filing under ULOE.	-		1		,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors		23	\$	;	72,160,726
	Non-accredited Investors		0	\$		0
	Total (for filings under Rule 504 only)		N/A	\$		N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		<del></del>			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	\$		N/A
	Regulation A		N/A	\$	_	N/A
	Rule 504		N/A	\$	_	N/A
	Total	_	N/A	\$		N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_				
	Transfer Agent's Fees		0	\$	_	0
	Printing and Engraving Costs			\$	_	0
	Legal Fees		Ø	\$	_	16,068
	Accounting Fees			\$	_	0
	Engineering Fees			\$	_	0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify)			\$	_	0
	Total		Ø	\$	_	16,068

	C OFFERING BRICE	HIMBED OF INVESTORS EVI	MARIC	PEC	AND LICE OF D	OCE	ene	
	b. Enter the difference between the aggre- - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	in response to Part C - Question 4.a	Part . Th	C is	AND USE OF FI	<u> </u>		72,144,658
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted great of Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	know: of th	n, ne				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	0	\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation	of machinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings a	nd facilities		\$_	0		\$_	0
	Acquisition of other businesses (including this offering that may be used in exchar another issuer pursuant to a merger)	ige for the assets or securities of	_	\$	0		\$	0
	Repayment of indebtedness		_	\$ - \$	0		*_	0
	Working capital			\$ - \$	0		\$ \$	0
	• •			ۍ -				
	Other (specify): Investment Capital			» –	0	<b>☑</b>	<b>\$</b> _	72,144,658
	Column Totals			\$ -	0	Ø	<b>\$</b> _	72,144,658
	Total Payments Listed (column totals added	l)	•••••••		B \$	72,1	44,65	8
		D. FEDERAL SIGNATU	RE					
fe	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the iss	by the issuer to furnish to the U.S. So	curiti	es an	d Exchange Comm	ission,	upon	Rule 505, the written request
No	uer (Print or Type) n-US Equity Managers: Portfolio 4 Shore L.P.	Signature Caroline S		<u> </u>	Date March 12, 2009			
Var	me of Signer (Print or Type)	Title of Signer (Print or Type)			<u>.</u>			
Cai	roline Kraus	Assistant Secretary of the Issuer's (	Gener	al Pa	rtner			

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

